

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Southern Kansas Telephone Company, Inc.

Service Provider Name

Same

Company Address, City, State, Zip

112 South Lee Ave.
Clearwater, Kansas 67026

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Kendall S. Mikesell

Contact Tel #

620-584-2255

Fax #

620-584-2653

E-mail Address

kmikesell@sktc.net

Section 2

Local Area 911 Implementation

s List all individual local areas covered by this report (e.g., Lee County, Virginia):

Elk County, Kansas

| |
|--|
| <p>(a) For each area listed above, identify the emergency response point to which 911 calls will be routed:</p> <p>Howard, Kansas - Elk County Sheriff's Office</p> |
| <p>(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.</p> <p>Presently, plans are in place to complete conversion to E911 Service County-wide before the FCC deadline. SKT will be working with the PSAP provider to populate the database with address information and to provide appropriate routing of 911 call information.</p> |
| <p>(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.</p> <p>Initial project completion date is estimated to be May 1, 2002.</p> |
| <p>Section 3 911 Implementation Problems</p> |
| <p>(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.</p> <p>None</p> |
| <p>(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.</p> <p>N/A</p> |

Section 4

Certification - To be signed by an authorized representative of the reporting entity

☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature /s/ **Roger G. Bales**

Printed name of authorized representative: Roger G. Bales

Title: Director, Regulatory & Legislative Affairs, Kansas Consolidated Professional Resources,
(Consultants on behalf of Southern Kansas Tel) (785) 228-9160

Date March 8, 2002

This filing is: ☒ original filing ☐ revised filing

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TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.